

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

GUY DEMPSEY, JR.; NANCY SHAW
DEMPSEY,

Plaintiffs,

1:24-CV-9389 (LTS)

-against-

ORDER DIRECTING PAYMENT OF FEES
OR IFP APPLICATION

UNITED STATES OF AMERICA,

Defendant.

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiffs' Guy Dempsey, Jr. and Nancy Shaw Dempsey brings this action *pro se*. To proceed with a civil action in this Court, Plaintiffs must either pay one payment of \$405.00 in fees – a \$350.00 filing fee plus a \$55.00 administrative fee – or, to request authorization to proceed *in forma pauperis* ("IFP"), that is, without prepayment of fees, each plaintiff must submit a complete and signed IFP application. *See* 28 U.S.C. §§ 1914, 1915.

Plaintiffs submitted the complaint without paying the fees or each submitting a completed and signed IFP application. Within 30 days of the date of this order, Plaintiffs must either make one payment of the \$405.00 in fees or each complete, sign, and submit a separate attached IFP application (one IFP application per plaintiff). If Plaintiffs submit IFP applications, they should each be labeled with docket number 1:24-CV-9389 (LTS). If the Court grants the IFP applications, Plaintiffs' will be permitted to proceed without prepayment of fees. *See* 28 U.S.C. § 1915(a)(1).

No summons shall issue at this time. If Plaintiffs comply with this order, the case shall be processed in accordance with the procedures of the Clerk's Office. If a plaintiff fails to comply with this order within the time allowed, their claims will be dismissed.

The Court certifies, under 28 U.S.C. § 1915(a)(3), that any appeal from this order would not be taken in good faith, and, therefore, IFP status is denied for the purpose of an appeal. *Cf. Coppededge v. United States*, 369 U.S. 438, 444–45 (1962) (holding that appellant demonstrates good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated: December 12, 2024
New York, New York

/s/ Laura Taylor Swain

LAURA TAYLOR SWAIN
Chief United States District Judge

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

CV

() ()

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? Yes No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? Yes No

Monthly amount: _____

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? Yes No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: _____

If "no," what was your last date of employment? _____

Gross monthly wages at the time: _____

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment Yes No

(b) Rent payments, interest, or dividends Yes No

(c) Pension, annuity, or life insurance payments	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(d) Disability or worker's compensation payments	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(e) Gifts or inheritances	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(g) Any other sources	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated

Signature

Name (Last, First, MI)

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

CV

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(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

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Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated

Signature

Name (Last, First, MI)

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)